



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

3

Application Number	10/635,250
Filing Date	August 6, 2003
First Named Inventor	James C. Hunzik r
Art Unit	2862
Examiner Name	-----

Attorney Docket Number

584-35278-US

ENCLOSURES (Check all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance Communication to a Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
| <input type="checkbox"/> Amendment/Reply | <input type="checkbox"/> Petition | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Change of Correspondence Address | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): |
| <input type="checkbox"/> Express Abandonment Request | <input type="checkbox"/> Terminal Disclaimer | 1. Form 1449 |
| <input checked="" type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> Request for Refund | 2. Return Postcard |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | <input type="checkbox"/> CD, Number of CD(s) _____ | |
| <input type="checkbox"/> Response to Missing Parts/ Incomplete Application | | |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | | |

Remarks

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 02-0429-US (584-35278-US).

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual	Shawn Hunter, Reg. No. 36,168
Signature	
Date	11/19/03

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date:

11/19/03

Typed or printed	Gretchen King
Signature	
Date	11/19/03

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT: Hunziker et al.

§ Group Art Unit: 2862

SERIAL NO.: 10/635,250

§ § Examiner: Unknown

FILED: 08/06/03

§

TITLE: "Side Entry Leak Protector
Connector Assembly"

§ § Atty Docket No.: 584-35278-US

INFORMATION DISCLOSURE STATEMENT

Dear Sir:

In compliance with the duty of disclosure under 37 C.F.R. §1.56, it is respectfully requested that this Information Disclosure Statement be entered and the references listed on the attached Form PTO-1449 be considered by the Examiner and made of record.

This Information Disclosure Statement is not to be considered as a representation that a search has been made or that no other material information as defined under 37 C.F.R. §1.56(a) exists.

The Commissioner is hereby authorized to charge any additional fees or credit any overpayment to Deposit Account No. 02-0429 (584-35278-US).

Respectfully submitted,

Dated: November 18, 2003


Shawn Hunter
Registration No. 36,168
Madan, Mossman & Sriram, P.C.
2603 Augusta, Suite 700
Houston, Texas 77057
Telephone: (713) 266-1130
Facsimile: (713) 266-8510

Attorneys for Applicant

O I P INFORMATION DISCLOSURE STATEMENT <i>(Use several sheets if necessary)</i>		ATTY. DOCKET NO. 584-35278-US		SERIAL NO. 10/635,250	
		APPLICANT Hunziker et al.			
		FILING DATE 08/06/03		GROUP 2862	

U.S. PATENT DOCUMENTS

*EXAMINER INITIAL		DOCUMENT NUMBER	DATE	NAME	CLASS	SUBCLASS	FILING DATE IF APPROPRIATE
	AA	6,483,310	11/19/02	Meador	324	338	
	AB						
	AC						
	AD						
	AE						
	AF						
	AG						

FOREIGN PATENT DOCUMENTS

		DOCUMENT NUMBER	PUBL. DATE	COUNTRY	CLASS	SUBCLASS	TRANSLATION	
							YES	NO
	AH							
	AI							
	AJ							

OTHER DISCLOSURES (Including Author, Title, Date, Pertinent Pages of Publication, Etc.)

AK	
AL	
AM	

EXAMINER	DATE CONSIDERED
----------	-----------------

*EXAMINER: Initial if citation considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next comment to applicant